

ATTORNEY DOCKET No.: Kreisler 1-KGB

COMBINATION DECLARATION & POWER OF ATTORNEY

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APR 10 2000

NORRIS McLAUGHLIN & MARC

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **FLUORESCENT PROTEINS AS CELL-TYPE SPECIFIC REPORTERS** the specification of which

was filed on June 30, 1998 as International Application No. PCT/EP98/03988

was filed on December 22, 1999 as application Serial No. 09/446,717.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

197 27 962.7
(Number)

Germany
(Country)

02/July/1997
(Day/Month/Yr. Filed)

[X] yes [] no

(Number)

(Country)

(Day/Month/Yr. Filed)

[] yes [] no

I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below.

(Application Number)

(Filing Date)

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)

(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punished by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552; and Stephen G. Ryan, Reg. No. 39,015 all of 660 White Plains Road, Tarrytown, New York 10591-5144; William R. Robinson, Reg. No. 27,224 of 721 Route 202-206, Bridgewater, New Jersey 08807; Lorimer P. Brooks, Reg. No. 16,156 of 660 White Plains Road, Tarrytown, New York 10591-5144; Davy E. Zoneraich, Reg. No. 37,267; Mark A. Montana, Reg. No. 44,948 and Robert A. Hyde, Reg. No. 46,354, of 721 Route 202-206, Bridgewater, New Jersey 08807, my attorneys with full power of substitution and revocation.

SEND CORRESPONDENCE TO:
NORRIS, McLAUGHLIN & MARCUS, P.A.
660 WHITE PLAINS ROAD
TARRYTOWN, N.Y. 10591-5144

DIRECT TELEPHONE CALLS TO:
KURT G. BRISCOE
(914) 332-1700

FULL NAME OF SOLE OR FIRST INVENTOR: Jürgen Hescheler
INVENTOR'S SIGNATURE: [Signature] **DATE:** April 5th, 2000
RESIDENCE: Eckdorfer Strasse 7 **CITIZENSHIP:** German
POST OFFICE ADDRESS: D-50968 Köln, Germany

FULL NAME OF SOLE OR FIRST INVENTOR: _____
INVENTOR'S SIGNATURE: _____ **DATE:** _____
RESIDENCE: _____ **CITIZENSHIP:** _____
POST OFFICE ADDRESS: _____

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